Kentucky Department of Education
School and Community Nutrition
Form 17-8

Month	
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## RECORD OF FOOD PROGRAM EXPENDITURES FOR THE MONTH

SPONSORING ORGANIZATION				CENTER				
CNIPS NUMBER			<u> </u>					
Date	Name of Store, Vendor, Food Management Company or Program Labor	Food	Quantity of Milk; Gallons and/or Pints	Non Food	Program Labor	Program Admin. Cost		
			-					
Totals								